

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-475)

SERIAL NO. **101577124**  
FILING DATE  
APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8		7					58						
9		8					59						
10	1						60						
11		2					61						
12		3					62						
13		4					63						
14		5					64						
15		6					65						
16	1						66						
17		1					67						
18		2					68						
19		3					69						
20		4					70						
21		5					71						
22		6					72						
23		7					73						
24		8					74						
25		9					75						
26	1						76						
27		1					77						
28		2					78						
29		3					79						
30		4					80						
31		5					81						
32		6					82						
33	1						83						
34		1					84						
35		2					85						
36	1						86						
37		1					87						
38		2					88						
39	1						89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	33	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	42						TOTAL CLAIMS						